ENROLLMENT FOR MEDICARE CERTIFICATION WHEN A FACILITY IS ALREADY MEDICAID CERTIFIED

When applying for Medicare certification The Kansas Department for Aging and Disability Services (KDADS) will determine if a full survey will be necessary. However, if a facility has recently been surveyed, a full survey may not be required.

APPLICATION FORMS:

The following forms are required to participate in the Medicare program:

# OF COPIES	FORM NUMBER AND NAME	WEBSITE:
2	CMS-671 "Skilled Nursing Facility Application for Medicare and Medicaid"	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS671.pdf
2	CMS-1561 "Health Insurance Benefits Agreement"	http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561.pdf
2	HHS-690 "Assurance of Compliance"	http://www.hhs.gov/forms/HHS690.pdf
1	"Office of Civil Rights" packet	http://www.hhs.gov/ocr/civilrights/clearance/ocr_mctap.pdf
1	*CMS-855A "Medicare Enrollment Application"	www.cms.gov/Medicare/CMS-Forms/CMS-Forms//cms855a.pdf.

Hardcopies of these forms are available by contacting Tina Lewis at (785) 296-1260 or by email at tina.lewis@kdads.ks.gov.

Send all completed forms plus a cover letter indicating the effective date of Medicare participation to: Tina Lewis, KDADS, 612 S. Kansas Ave, Topeka, Kansas 66603.

- You will need to contact your MAC for a copy of the CMS-855A booklet or go to the website listed above to download a copy. KDADS does not provide copies of these booklets.
- Contact your MAC if you have any questions regarding completion of this CMS-855A booklet.
- Do not send your completed CMS-855A booklet to KDADS. Send it to your MAC.

^{*} CMS-855A, "Medicare Enrollment Application" booklet: